



EJVES Extra Abstracts[☆]

Endovascular Abdominal Aortic Aneurysm Repair Complicated by Spondylodiscitis

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Objective: We report the first case of spondylodiscitis following endovascular aneurysm repair (EVAR), without graft infection.

Case report: Three weeks following elective EVAR, a 78 year old man re-presented with confusion, anorexia, fever and back pain. *Escherichia coli* bacteraemia was identified on blood cultures. Computer tomography angiogram and radio-labelled white cell scan excluded graft infection. Positron emission tomography revealed spondylodiscitis at T10/T11. He was treated with 6 weeks of intravenous antibiotics. At 12 months follow-up the patient was asymptomatic.

Conclusion: We report spondylodiscitis as a complication of EVAR in the absence of graft infection.

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Ruptured Left Subclavian Artery Aneurysm in a 41-Year-Old Woman with Neurofibromatosis Type 1

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Introduction: Intrinsic lesions of the arterial wall are important manifestations of Neurofibromatosis type 1.

Report: A 41-year-old woman with Neurofibromatosis type 1, suffering sudden onset of upper back as well as left shoulder and upper chest pain is addressed to our hospital. The contrast-enhanced thoracic computed tomogram demonstrated a huge hematoma due to ruptured left subclavian artery aneurysm treated with endovascular therapy.

Discussion: A ruptured left subclavian artery is an uncommon but life threatening manifestation in Neurofibromatosis type 1.

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Mycotic Aneurysms Involving Bilateral Tibioperoneal Trunks after Mitral-valve Replacement due to Infective Endocarditis

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Mycotic aneurysm affecting the tibioperoneal trunk is very rare. Only a few articles have reported bilateral mycotic aneurysms of the tibioperoneal trunk in the English literature. A 46-year-old man was suffering from consecutive bilateral mycotic aneurysms involving the tibioperoneal trunks after mitral-valve replacement for infective endocarditis. Each aneurysm was treated separately by a surgical approach, which included resection of the aneurysm, debridement of infectious tissue and arterial reconstruction using reversed saphenous vein graft. There was no recurrence of infection, and the graft remains patent. This is the first case of bilateral arterial reconstructions successfully performed for the tibioperoneal trunks.

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